



DEPARTMENT OF THE ARMY
OFFICE OF THE COMMAND JUDGE ADVOCATE
116th BRIGADE COMBAT TEAM, 42nd INFANTRY DIVISION
KIRKUK, IRAQ, APO AE 09368

REPLY TO
ATTENTION OF

25 February 2005

Foreign Claims Commission

[REDACTED] FY05-I9B-869
Hawija, Iraq

Mrs. [REDACTED]

I have considered your claim (enclosed) under the Foreign Claims Act, Title 10 United States Code Section 2734 as implemented by Army Regulation 27-20, Chapter 10.

Your claim is denied. The Foreign Claims Act does not authorize payment of claims related to combat activities, nor of claims where US negligence cannot be established. Your claim states that your husband, [REDACTED] a, was killed in a firefight between Coalition Forces and Anti-Coalition Forces. The U.S. cannot pay your claim because because your husbands' death was incident to combat. I am sorry for your loss, and I wish you well in a Free Iraq.

Army Regulation 27-20 provides you the right to appeal this action. Deliver your appeal and any additional evidence to the Civil-Military Information Center in the Government Building within thirty days of receipt of this notice.

Sincerely,

[REDACTED]

CPT, U.S. Army
Foreign Claims Commissioner

000255

CLAIM FOR DAMAGE .OR INJURY DEATH

INSTRUCTION: Please read carefully the instruction on the reverse side and supply information requested on both sides of this form .Use additional sheets (s)

person from above MBC

AMER	HAWEJA -KIRKUK	2-Name of claimants & Address: [REDACTED] 869 HAWEJA -KIRKUK
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3.Gender FEMALE	4.DATE OF BIRTH 1955	5.MARITAL STATUS MARRIED	6.DATE & DAY OF ACCIDENT 07-04-2004	7.TIME 2.P.M.
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The claim
According to witnesses statement's, while the victim was coming back from his duty as a sentry in the chemical warehouse in HAWEJA bullets from the C.F. snipers killed him, because there was a clash between the C.F. and the anti-C.F.

NOTE:
This case related to case # (628)

Name of the victim is [REDACTED] and claimant is his wife
monthly payment: 110,000 ID
Family members 211 persons

PROPERTY DAMAGE

**INJURY
WRONGFULLY KILLING**

WITNESSES

NAME	ADDRESS
[REDACTED]	[REDACTED]

Amount of claim (IN Dollars)

12A PROPERTY	12b PERSONAL INJURY	12c WRONGFUL DEATH	12d
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I CERTIFY THAT AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURY CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT [REDACTED]	13b. Phone number of signatory [REDACTED]	14c. Date of claim 2/13/2005
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